



State of California
Secretary of State

REGISTRATION OF
CLAIM AS SUCCESSOR-IN-INTEREST
(Civil Code section 3344.1)

FILE NO. _____

(Office Use Only)

Instructions:

1. Complete and mail to: Secretary of State, P.O. Box 942877,
Sacramento, CA 94277-0001 (916) 653-3984
2. Include filing fee of \$10.00

Deceased Personality's Name: _____

Legal Name (optional): _____

Date of Death: _____

Name of Claimant: _____

Address of Claimant: _____

Percentage Interest Claimed: () 100% () 50% () 25% () _____%

The above percentage is claimed in () all types of rights OR () limited rights described as follows:

I make this claim as Successor-In-Interest on the basis that I am the surviving () spouse () child
() grandchild () parent OR that property rights of said deceased personality have been transferred to me by
() contract () trust () will.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME

_____ Date

ADDRESS

_____ Signature of Claimant

CITY/STATE/ZIP

_____ Typed Name and Title of Claimant